

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007189

STATE FILE NUMBER

AMENDED

Registration District No. 219

Primary Registration District No. 3043

Registrar's No. 59

FILED FEB 27 1962

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		c. CITY OR TOWN Hannibal	
Length of stay in 1b 6 mos.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION XXXXXX Township (Mason)		d. STREET ADDRESS (If outside, give location) 1101 Sierra St	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last William Arleigh Burge		4. DATE OF DEATH Month Day Year Feb 12, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan 26, 27 35
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Artist Consultant		10b. KIND OF BUSINESS OR INDUSTRY Amer. Yr Book Co.	
11. BIRTHPLACE (City and state or country) Hamburg, Ill.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Rollin Burge		13b. MOTHER'S MAIDEN NAME Hallie Sevier	
14. NAME OF HUSBAND OR WIFE Margaret Burge			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korean		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Margaret Burge		Address Hannibal, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon Monoxide Poisoning		INTERVAL BETWEEN ONSET AND DEATH Immediate	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Took car into park, left motor running,	
20c. TIME OF INJURY Hour a.m. p.m. 7 a.m. Month, Day, Year 2 12 62	lay on ground in the exhaust.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) park	20f. CITY, TOWN, OR LOCATION Hannibal	COUNTY Marion STATE Mo
21. I attended the deceased from _____, to _____, and last saw her alive on _____. Death occurred at 7 a _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Henry Sweet JMD Corner		22b. ADDRESS Hannibal Mo	22c. DATE SIGNED 2-13-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb 14, 1962	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) (State) Hannibal, Mo.
24. FUNERAL DIRECTOR Clark Funeral Home - Hannibal, Mo.		25. DATE RECD. BY LOCAL REG. Feb. 15, 1962	26. REGISTRAR'S SIGNATURE Dr. E. M. Locke by William M. Herman

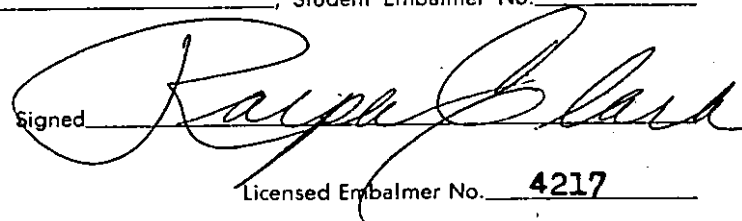
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed


Licensed Embalmer No. 4217

P. O. Address Hannibal, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.